

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33959**  
**9165**

FILED OCT 14 1957

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul</b>				e. STREET ADDRESS (If rural, give location) <b>2970 2000 Linton Avenue</b>			
3. NAME OF DECEASED (Type or Print) <b>VERONA</b>		a. (First) _____ b. (Middle) <b>PARTL</b> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 30, 1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 10, 1882</b>	
9. AGE (In years last birthday) <b>74</b>		10. AGE (In years last birthday) <b>74</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Hungary</b>		12. CITIZEN OF WHAT COUNTRY? <b>Hungary</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		13a. FATHER'S NAME <b>Sander Molnar</b>		13b. MOTHER'S MAIDEN NAME <b>Rosie Modrovics</b>	
13c. NAME OF HUSBAND OR WIFE <b>John Partl, Deceased</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		15. SOCIAL SECURITY NO. <b>None</b>		16. INFORMANT'S SIGNATURE OR NAME <b>Jos. Partl, 2000 Linton Avenue</b>	
17. CAUSE OF DEATH Enter on one line for line for (a), (b), and (c) <b>Pulmonary Embolism</b>		18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>		19. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Due to (b) Hip Fracture Operation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>	
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E904.0</b>		21. DATE OF OPERATION <b>Sept 20, 1957</b>		22. MAJOR FINDINGS OF OPERATION <b>Fracture of Right Hip</b>		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		26. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, MO, MO</b>		27. HOW DID INJURY OCCUR? <b>Fell at home</b>	
28. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9-20-57</b>		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		30. I hereby certify that I attended the deceased from <b>Sept 18, 1957</b> , to <b>Sept 29, 1957</b> , that I last saw the deceased alive on <b>29th</b> , 19 <b>57</b> , and that death occurred at <b>9 A. m.</b> , from the causes and on the date stated above.		31. SIGNATURE (Degree or title) <b>Walter P. Gaul - M.D.</b>	
32. ADDRESS <b>3730 Washington</b>		33. DATE SIGNED <b>9/30/57</b>		34. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		35. DATE <b>Oct. 3, 1957</b>	
36. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		37. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		38. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>OCT 1 57</b>		39. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith MO</b>	
40. ADDRESS <b>Stock Mortuary, 2117 E. Grand Blvd.</b>		41. (Licensed Embalmer's Statement on Reverse Side)					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Paul G. Wachter*

Licensed Embalmer No. *4287*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.